



Mail Completed form to:  
City of Centennial  
Sales Tax Division  
P.O. Box 17383  
Denver, CO 80217-0383  
(303) 325-8000  
Fax (720) 875-4199

## ACCOUNT CHANGE FORM

PLEASE PRINT AND COMPLETE IN BLACK INK – Keep a copy for your records.

License #: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Please check all that apply:

☐ Business Name Change

☐ DBA Change

☐ Business Address Change

☐ Mailing Address Change

☐ Phone Number Change

☐ Request to change filing status

☐ Close Account/License

☐ Request for consolidated filing

☐ Contact Change

☐ other: \_\_\_\_\_

Current Account Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request to Change Information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please Note: Any changes to account information must be reported to the City within thirty (30) days. Licenses and Registrations are NOT transferable and a new application must be submitted with a change in ownership.*

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CITY OF CENTENNIAL 13133 EAST ARAPAHOE ROAD CENTENNIAL, CO 80112**